

2567

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Dela</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>166</u>	
District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>357</u>	
Town of <u>Miami</u>		Local Registrar No. _____	
or _____	<u>Miami - Inspiration Hospital</u>		
City of _____	No. _____	St. _____	Ward) _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Francis Arthur Stone</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth _____
6. Legitimate? <u>yes</u>		7. Date of birth <u>Dec 28, 1922</u>	(Month, day, year)
8. FATHER		14. MOTHER	
Full name <u>Francis Oliver Stone</u>		Full maiden name <u>Lois MacFarlane Armstrong</u>	
9. Residence <u>Miami</u>		15. Residence <u>Miami, Ariz.</u>	
(Usual place of abode)		(Usual place of abode)	
If nonresident, give place and State		If nonresident, give place and State	
10. Color or race <u>White</u>		16. Color or race <u>White</u>	
11. Age at last birthday <u>28</u> (Years)		17. Age at last birthday <u>23</u> (Years)	
12. Birthplace (city or place) <u>El Paso, Tex.</u>		18. Birthplace (city or place) <u>Kansas</u>	
(State or country)		(State or country)	
13. Occupation <u>Asst. man Copper Mining</u>		19. Occupation <u>Housewife</u>	
Nature of Industry		Nature of Industry	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)			
(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>3 A.</u> m. on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>J. J. Muller</u>	
		(Physician or midwife)	
Given name added from a supplemental report _____		Address <u>Miami, Ariz.</u>	
(Month, day, year)		Filed <u>10/31/22</u> , 19 <u>22</u> <u>B. W. Hardy by C. E. Jones</u>	
<u>625-1028-317</u>		Local Registrar.	
Registrar.		County Registrar.	

the number of each, in order of birth, stated.